

**CERTIFICATION OF COMPLIANCE WITH THE SOUTH
CAROLINA FAMILY PRIVACY PROTECTION ACT OF 2002**

The South Carolina Code of Laws Section 30-2-50 provides that no person or private entity shall knowingly obtain or use any personal information obtained from a state agency for commercial solicitation directed to any person. "Personal Information" includes, but is not limited to, an individual's name, home address, date of birth and social security number. Section 30-2-50(D) provides that a person who knowingly violates the provisions of this chapter is guilty of a misdemeanor and upon conviction must be fined an amount not to exceed five hundred dollars or imprisoned for a term not to exceed one year, or both.

THE SOUTH CAROLINA DEPARTMENT OF INSURANCE GIVES THIS NOTICE TO YOU, AS A REQUESTOR OF RECORDS FROM THIS AGENCY, THAT OBTAINING OR USING PERSONAL INFORMATION OBTAINED FROM PUBLIC RECORDS FOR COMMERCIAL SOLICITATION DIRECTED TO ANY PERSON IN THIS STATE IS PROHIBITED. THE SALE OR DISTRIBUTION OF ANY INFORMATION OBTAINED FROM THIS DEPARTMENT IS EXPRESSLY PROHIBITED.

"Commercial solicitation" means contact by telephone, mail, or electronic mail for the purpose of selling or marketing a consumer product or service. Commercial solicitation does not include contact by whatever means for the purpose of:

- (a) offering membership in a credit union;
- (b) notification of continuing education opportunities;
- (c) selling or marketing banking, insurance, securities, or commodities services provided by an institution or entity defined in or required to comply with the Federal Gramm-Leach-Bliley Financial Modernization Act, 113 Stat.1338; or
- (d) contacting persons for political purposes using information on file with state or local voter registration offices.

For a complete copy of the South Carolina Family Privacy Protection Act of 2002 visit <http://www.scstatehouse.net/code/t30c002.htm>

I hereby certify that I have read the above information regarding the South Carolina Family Privacy Protection Act of 2002, and that I will not use any of the information obtained from the South Carolina Department of Insurance for commercial solicitation directed to any person. I certify that any information I receive from this Department will not be sold, distributed or shared with any other individuals or entities. I further certify that the information and records obtained will be used for the purpose of _____.

Print name

Signature

Date

SWORN to before me this ____ day of _____. Notary Public for the County of _____ State of _____

_____(L.S.) My Commission Expires: _____